



# Illabo Public School

## Absentee Note

Student's name:										
Absent from:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	DD	/	MM	/	YYYY
Absent to:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	DD	/	MM	/	YYYY
Reason for absence:										
Parent/Guardian name:										
Parent/Guardian signature:										

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